



# APPLICATION FOR STATE AGRICULTURAL PROMOTION ASSISTANCE

Deadline April 1, 2002

DATE SUBMITTED

DATE RECEIVED BY STATE

STATE IDENTIFIER

## APPLICANT INFORMATION

Legal Name:

Name and telephone number of person to be contacted on matters involving this application (*give area code*)

Address (*give city, county, State, and zip code:*)

EMPLOYER IDENTIFICATION NUMBER (*EIN*)

—

TYPE OF APPLICANT: (*enter appropriate letter in box*) ☐

- |                     |  |
|---------------------|--|
| A. State            | H. Independent School District                     |
| B. County           | I. State Controlled Institution of Higher Learning |
| C. Municipal        | J. Private University                              |
| D. Township         | K. Indian Tribe                                    |
| E. Interstate       | L. Individual                                      |
| F. Intermunicipal   | M. Profit Organization                             |
| G. Special District | N. Other ( <i>Specify</i> ) _____                  |

DESCRIPTIVE TITLE OF APPLICANTS PROJECT:

AREAS AFFECTED BY PROJECT (*Cities, Counties, etc.*)

CONGRESSIONAL DISTRICTS OF:

Proposed Project:

Applicant:

Project:

Start Date \_\_\_\_\_ Ending Date \_\_\_\_\_

## ESTIMATED FUNDING and SOURCES:

State

Applicant

Federal

Other

Program income

TOTAL

IS THE APPLICANT DELINQUENT ON ANY FEDERAL/STATE DEBT?

☐

Yes

If "Yes", provide an explanation.

☐

No

Explanation:

TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

Type name of Authorized Representative

Title

Telephone Number

Signature of Authorized Representative

Date Signed

## Budget Information

Budget Categories					
	Project, Function or Activity				
Categories	1	2	3	4	Total
Personnel					
Fringe Benefits					
Travel					
Equipment					
Supplies					
Contractual					
Construction					
Other					
Total Direct Charges					
Indirect Charges					
Totals					
Program Income					
Budget Summary					
Project	State Funds	Project Funds	Federal Funds	Total	
Forecasted Cash Flow Needs					
Source	2nd Qtr 02	3rd Qtr 02	4th Qtr 02	1st Qtr 03	Total
State					
Project					